

**2012 KY SkillsUSA  
National Competition Travel Reservation Form  
June 23-27, 2012**

**Legibility is key. Please Print or Type!**

Student [ ] Advisor [ ]  
(check one)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_  
(Where your SkillsUSA Chapter is Located)

Parent/Guardian Name \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

**Transportation Itinerary**

The complete itinerary for the bus will be provided to each individual passenger on or before June 8, 2012. You may board the bus at the most convenient location to you. Emergency contact: 859 234-7649.

**Parent/Guardian please check one and sign:**

\_\_\_\_\_ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE DURING THIS ACTIVITY. I GIVE PERMISSION FOR \_\_\_\_\_ TO RIDE THE BUS TO THE NATIONAL SkillsUSA CONFERENCE IN KANSAS CITY, MO. AND HEREBY RELEASE THE STATE AND LOCAL ORGANIZATION, KY SkillsUSA DEVELOPMENT FOUNDATION, INC., ITS OFFICERS AND BOARD MEMBERS, AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY CHILD'S PARTICIPATION.**

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardians of adult students are not required to sign this form.

Total bus cost is **\$100/person**. Mail completed form with **non-refundable deposit of \$50.00** OR, you can pay the entire amount on or before Wednesday, May 16, 2012 to:

Includes all local transportation for special or evening events while in Kansas City.

**KY SkillsUSA Development Foundation, Inc.  
P.O. Box 497  
Cynthiana, KY 41031**

**Final \$50.00 payment REQUIRED  
on or before June 1, 2012.**

**Advisors must submit a separate check for their reservation. Receipts will be provided for reimbursement purposes. Student forms may be grouped and paid with one check from the local chapter. Confirmation of reservation will be mailed to the individual at the address provided above on or before June 8, 2012. Questions? Contact John Hodge at (859) 234-6033 or cell (859) 234-7649 or email at [jhodgejr@bellsouth.net](mailto:jhodgejr@bellsouth.net).**

All materials, tools, and equipment with exception of the Chapter Display and Promotional Bulletin Board that require transportation to the nationals are the responsibility of the individual contestant. These items may be checked as luggage on the bus. **If you have large or heavy items, contact Lenville Martin at (606)-285-3088 or Jim Bob Hamilton at (606)-437-6059. Three sites will be selected for tool drop off prior to leaving for national conference. All tools must be tagged.**

Copy as needed – After completing the form, make a copy for your records!